

Summer Food Service Program (SFSP) ENROLLMENT INFORMATION

Camps and enrolled programs must submit projected enrollment information with the SFSP application. At the beginning of each session, actual enrollment figures must also be submitted.

Sponsor Name: _____ **Agreement Number:** _____

Site Name: _____

Session Number (*Camp Sponsors Only*): _____

Total Enrollment: _____

Number of children who qualify for free or reduced-price meals: _____

Number of children whose family size and income exceeds the
guidelines for free or reduced-price meals _____

I certify that the above information is true and correct and that this information is being given in connection with the receipt of federal funds. Deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature

Title (PRINT)

Date Signed

Return this form to: Caroline Cooke, Summer Meals Coordinator, at caroline.cooke@ct.gov or by fax to 860-807-2127, Connecticut State Department of Education, Child Nutrition Programs, 25 Industrial Park Road, Middletown, CT 06457-1543.

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